

# Maryland Developmental Disabilities Administration

## Request for Service Change *(Amendment of the Individual Plan)*

Training Provided for :  
DDA Resource Coordination  
DDA Regional Offices  
June 4, 2010

# Today's Agenda

- Purpose
- DDA Community Service Systems
  - Medicaid Waiver Services
  - State Only Funded Services
- Service Delivery
- Resource Coordinator Role
- Identification of Need
- Components of Individual Plan
- Individual Choice and Team Consensus

# Agenda - continued

- Request for Service Change
- Service Planning Process
- Form
- Processing and Decision Time Lines
- Appeal Rights and Hearings
- Letter Templates
- Expectations – RC and RO
- Prioritizing
- Critical Need List Form

# DDA's Strategic Plan

- ▶ Individuals direct their lives (including services)
- ▶ Individual have viable support options
- ▶ Individuals have information to make decisions

# DDA Services must:

- ▶ Be person centered (directed)
- ▶ Leverage natural and community supports
- ▶ Ensure the well being and safety of individuals
- ▶ Provide quality services and improve outcomes
- ▶ Be fair and equitable to address needs statewide

# DDA Community Service Systems

DDA's community service systems are based on increasing opportunities for community integration in the most integrated and least restrictive setting.

## DDA's Service Delivery Systems

- ✓ Medicaid Waiver Programs
- ✓ State Funding Services

# Service Systems - continued

Individuals receiving funding from the DDA can request a change (i.e. increase, decrease, addition or deletion) in services at any time

“Any time after the receipt of services, an eligible individual may;

- (1) Apply for or request a **change in intensity** of service or support, or **apply for additional services**:
- (2) Request a **less intensive form of that service**, and may receive the less intensive services if it is available.”

COMAR 10.22.12.11 D

# Medicaid Waiver Services

- ▶ Waiver services **complement and/or supplement** the services that are available through the Medicaid State Plan and other federal, State, and local public programs as well as the supports that families and communities provide to individuals.
- ▶ The waiver service plan (IP), must include all the services and supports that are furnished to meet the assessed needs of a participant, including services that are funded from sources other than the waiver such as:
  - ✓Generic sources and community programs;
  - ✓The State Medicaid Plan or private insurance;
  - ✓Other public programs, and/or
  - ✓Through the provision of informal supports.



# Waivers – Olmstead Letter #4

- ▶ “A State is obliged to provide all people enrolled in the waiver with the opportunity for access to all needed services covered by the waiver and the Medicaid State plan...
- ▶ The opportunity for access pertains to all services available under the waiver that an enrollee is determined to need on the basis of an assessment and a written plan of care/support.
- ▶ This does not mean that all waiver participants are entitled to receive all services that theoretically could be available under the waiver.”

# Waivers - Olmstead Letter #4 (continued)

- ▶ “The State may impose reasonable and appropriate limits or utilization control procedures based on the need that individuals have for services covered under the waiver.
- ▶ An individual's right to receive a service is dependent on a finding that the individual needs the service, based on appropriate assessment criteria that the State develops and applies fairly to all waiver enrollees.”

*Therefore, waiver participants have a right to service changes based on need.*

# Waivers – Payer of Last Resort

- ▶ The Medicaid program, including waiver programs, function as the payer of last resort.
- ▶ Federal reimbursement may not be claimed for services when another third party (e.g. health insurer or other federal or State program) is legally liable and responsible for the provision and payment of the service. (42 CFR 433 Subpart D)

*Therefore, services shall not duplicate or replace another third party services (i.e. Vocational Rehabilitation, IDEA, etc.)*

# State Funded Services

- ▶ DDA State funded participants and services are dependent on the budget allocation from the General Assembly.
- ▶ Funding and services are not an entitlement.

# Service Delivery

- ▶ Individual (person) directed approach
- ▶ Individual is the designer of services and supports
- ▶ Team assistance available
- ▶ Individual Plan (IP)
  - ✓ Provision of all services and supports
  - ✓ Outcome oriented
  - ✓ Specifies all needed assessments, services, and training
  - ✓ Services may be influenced by health and safety considerations or resource limitations.

(References: COMAR - 10.22.05.01. 01 Rationale and 10.22.05)

# Resource Coordinator's Role

## AGENT FOR THE PERSON

- ▶ Assist individuals in obtaining the best quality and most appropriate services and supports within available resources.
- ▶ Responsible to individuals and their families for
  - ✓ providing assistance in implementing individual choice,
  - ✓ addressing individual satisfaction, and
  - ✓ assuring that an individual's needs and preferences are addressed.

(Reference: COMAR 10.22.09.02)

# Resource Coordinator's Role

- ▶ Individual's IP is designed to meet the individual's:
  - ✓ *needs,*
  - ✓ *preferences,*
  - ✓ *desires,*
  - ✓ *goals, and*
  - ✓ *outcomes*
- Services are delivered in the **most integrated setting** appropriate to meet the individual's needs and in the **most cost effective manner.**

(Reference: COMAR 10.22.09)

# Resource Coordinator's Role

- ▶ Each individual is provided with a *range of the most integrated setting service options* that may be appropriate;
- ▶ Individuals and their families are *provided education* on the range of most integrated setting service and support options that may be appropriate to meet the individual's needs and how to access services;



# Resource Coordinator's Role

- ▶ Assist individuals and families with applying for services;
- ▶ Ensure IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws;
- ▶ Ensure IP is being implemented as designed; and
- ▶ Ensure IP meetings are held at a time and place convenient to the individual.

# Individual Plans Reminder

- ▶ Reviewed at least annually, or more often as needed
- ▶ Modified as required by the individual's circumstances
- ▶ Any member of the team may request a review or modification of the IP at any time.

(Reference: 10.22.05.05)

# Identification of Need

- ▶ Resource coordinators have personal knowledge of each individual served and make every effort to effectively accommodate the individual's needs and preferences. (Reference: 10.22.09.05B.)
- ▶ Individuals can contact their resource coordinator at any time for information or assistance.

# Identification of Need

- ▶ Resource coordinators are in contact with individuals, at least twice yearly and more frequently if needed, and work with the individual to determine an individual's:
  - ✓ needs,
  - ✓ preferences,
  - ✓ desires,
  - ✓ satisfaction, and
  - ✓ the most integrated setting appropriate to meet the individual's needs.

# Identification of Need

- ▶ Resource coordinators continually “gather information” related to current needs, changes, assessments, professional reports, and various data elements to evaluate effectiveness of current services (i.e. what is working, what is not working).
- ▶ As needs, preferences, and desires change, resource coordinators make referrals to appropriate resources and update the IP.

# When a need is identified, the resource coordinator:

- ▶ Assists the individual through a planning process including;
  - ✓ choosing goals and outcomes,
  - ✓ the services needed to accomplish these goals and outcomes, and
  - ✓ the establishment of realistic time frames for meeting these goals and outcomes;
- ▶ Brokers services to obtain generic and community services, services funded by the Administration, and natural supports;  
(Reference: 10.22.09.04)

# When a need is identified, the resource coordinator:

- ▶ Advocates for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered; and
- ▶ Monitors and acts as a third-party advocate (agent for the person) for implementation of the IP.

(Reference: 10.22.09.04)

# Identified Need

- ▶ “Gathering activities” typically occur prior to the scheduled team meeting and results are reviewed with team members during the meeting.
- ▶ During the meeting, the team shall assist the individual in understanding the various service options, including:
  - ✓ **Their right to receive services in the most integrated setting;**
  - ✓ **Less intensive or restrictive forms of services to meet the identified need;**
  - ✓ **Resources available including:**
    - Seeking other non-DDA services and resources,
    - Changing DDA service providers,
    - Reallocating funding, and/or
    - Requesting new services or a decrease in services from DDA.



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# Components of Individual Plan

The finalized IP should reflect the best quality and most appropriate services and supports from various resources and funding sources (i.e. natural supports; generic, local, State, and federal programs; Medicaid or private insurance) and include:

- ✓ Strengths and needs of the individual;
- ✓ Preferences and desires identified by and for the individual;
- ✓ Services and supports to be provided to the individual;
- ✓ A behavior plan, if required;
- ✓ Specific training and staffing ratios based on the needs, preferences, and desires of the individual;
- ✓ Measurable goals for the completion of outcomes;
- ✓ Target dates for the completion of goals;
- ✓ Implementation strategies and dates;
- ✓ Documentation of progress toward the achievement of goals;
- ✓ Monitoring procedures;
- ✓ Individuals responsible for providing the supports, services, implementation, and monitoring of the plan;
- ✓ Documentation indicating that the individual or the individual's advocate, when applicable, have been involved in, informed of, and agree with the plan; and
- ✓ A determination of whether the needs of the individual could be met in more integrated settings.

# Individual Choice & Team Consensus

- A “team” can consist of the individual and their resource coordinator or more individuals as desired by the individual.
- In most circumstances, IPs are supported with a team consensus.
- In some circumstances, the team may not develop a consensus.
- There are times when family members or other team members may prefer a different provider or more restrictive service model than what is desired by the individual.

(Reference: 10.22.09.04)

# Individual Choice & Team Consensus

- ▶ Team members' positions and relevant information should be noted in the team meeting minutes.
- ▶ It is important to note that at any point during the team process, an individual has the right to appeal to a higher authority.
- ▶ It is the resource coordinator's role to advocate for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered

Reference: 10.22.09.04

# Individual Choice & Team Consensus

- If the team cannot reach a consensus and/or the individual wants to appeal the team's decision, the resource coordinator shall mediate and resolve the issue of concern.
- If the resource coordinator cannot resolve the issue or if there is not a resource coordinator on the team, the individual has the right to appeal to the appropriate DDA Regional Director who shall mediate and resolve the issue of concern

Reference: 10.22.05.04

# Individual Choice & Team Consensus

- As an independent third party advocate or agent for the person, resource coordinators do not have the authority to approve a plan or restrict services. They can:
  - ✓ Submit their assessment of the individual's request with other supporting documentation
  - ✓ Agree or disagree with service changes.
- Service changes that place people at risk for health or safety issues, unnecessarily puts an individual in a more restrictive setting, has no identified need, is a higher cost service when a less costly alternative is available, or support a want versus a need should be communicated. This information is important especially when team consensus is not achieved

# Request for Service Change

- Desired outcomes identified by an individual are achieved through specified service(s) and action steps that are outlined in the IP to address a need.
- Individual's outcomes and needs change which can result in changes to the IP (i.e. increase, decrease, or addition of new services and resources), and therefore a “Request for Service Change.”

# Request for Service Change

- Individuals, with assistance from others (i.e. resource coordinator or advocate) if desired, *can seek assistance and resources from various sources* including natural supports and apply for local, generic, community services; disability programs and services; Medicaid State Plan Services or private insurance; and State and federal programs *once the need is identified*.
- Individuals seeking a change in service funded by the *DDA* are required to submit the DDA “Request for Service Change” form with supporting documentation.



# Request for Service Change

- DDA “Request for Service Change” form along with supporting information to the regional office designated for their county within twenty (20) business days of the IP.
- DDA contracts with various licensed service providers to provide the identified services.
- Service providers are required to have **specific actions steps** (not service models) **outlining how their service(s) meet the individual’s need(s) toward achieving the desired outcome.**

# Specific actions steps

Goal - Apartment

Need – Income, Financial Assistance

Services/Supports - Section 8 Housing Voucher, SSI Check

Provider Action Steps - Apply to housing authority

- Monitor Voucher Waiting List

- Identify apartment needs

- Develop budget

- Explore apartments

# Specific actions steps

Goal - Job

Need – Help finding a job

Services/Supports – DORS (Voc Rehab), Work with Dad, SEP

Provider Action Steps – Identify interest and skills

- Match interest & skills with possible jobs

- Develop resume

- Practice interviewing

- Explore job opportunities

- Talk with Dad

# Specific actions steps

Goal – Community Integration

Need – Transportation

Services/Supports – Metro Access, Provider Van, Ride with Friend

Provider Action Steps – Identify travel skills

- Assessment risks

- Travel training

- Purchase metro card

- Coordinate with friend to attend church

# Request for Service Change

- Individuals can receive assistance with this process from their resource coordinator, family members, or other supports.

# Emergency Situations

- At times an “**emergency**” or urgent need may develop that requires immediate action.

*A situation may change such as the individual’s or primary caregiver’s health or safety may require new or additional supports or services.*

- Some emergency requests may be short-term while other options are developed and put in place.
- When appropriate, other community or family supports that can help or fill in temporarily should be explored and utilized.

# Abuse, Neglect, Exploitation

- ▶ Any request that is the result or related to *abuse, neglect, and/or exploitation* must be immediately reported to the appropriate authorities including:
  - ✓ State's Adult Protective Services (APS) or Child Protective Services (CPS) and/or
  - ✓ Office of Health Care Quality (OHCQ) and
  - ✓ Developmental Disabilities Administration (DDA)

Reporting requirement outlined in DDA's Reportable Incident Policy.

# Abuse, Neglect, Exploitation

- ▶ APS and CPS have the statutory authority and legal responsibility to intervene, (including removal of an individual) and to provide necessary protective services when the abuse, neglect, or exploitation is alleged to have occurred in an unlicensed location.
- ▶ DDA can only intervene (including removal of someone) when the abuse, neglect, or exploitation is alleged to have occurred in a DDA licensed service or facility.
- ▶ Coordination with DHR and other responsible or primary agencies is essential in these situations.



# Emergency Service Request

- Emergency requests should be made immediately by contacting the DDA Regional Office by telephone.
- Regional Offices will gather information, evaluate the need(s), and can verbally authorize a service(s) change.
- Alternative service options or methods to address the urgent need may also be recommended (i.e. family supports, respite, etc.)
- The DDA “Request for Service Change” form with the “emergency request” box checked along with supporting information must still be submitted to the regional office within five (5) business days, unless otherwise instructed by the DDA.

# Service Request Planning Process

- ▶ Remember: The IP reflects the *best quality and most appropriate services and supports from various resources and funding sources* (i.e. natural supports; generic, local, State, and federal programs; Medicaid or private insurance) *based on identified need*.
- ▶ When developing the IP and also when submitting any request for service changes to DDA, it is important to carefully explore and identify the **desired outcome, service request (increase, decrease, and or new service(s)), resources explored, and health and safety concerns as applicable**.

# Service Request Planning Process

- ▶ When exploring services and strategies, it is important to refer back to the identified need.
- ▶ For example if an individual wanted to increase their community integration, travel training compared to a service provider driving someone to various community places may be more supportive of the outcome and consider a more integrated strategy base on the individual's needs.
- ▶ As various programs and resources are considered, it is also important to ensure requests to DDA are not duplicative or covered under other programs.

# Request for Service Change Form

- DDA designated form to document the request(s) for service changes (see Attachment A - “Request for Service Change”).
- The form design mirrors the team planning components and consideration including:
  - ✓ identified outcome,
  - ✓ service need,
  - ✓ resources explored,
  - ✓ health and safety concerns,
  - ✓ team consensus,
  - ✓ supporting documentation, and
  - ✓ the individual’s choice.

# Request for Service Change Form

- Information, documents, considerations, and strategies are described on the form and supporting documentation, as applicable, are noted and attached.
- One or several service changes can be made at the same time using one request form.
- The form is available electronically and/or additional pages can be included.

# ***Outcome Desired***

- ▶ It is important to have clearly identified outcomes in the IP along with measurable goals (Reference: 10.22.05.02(6)).
- ▶ A change in service must support the identified outcome.

# ***Service Request***

- Service requests must be consistent with the IP.
- Clearly explained including how it will assist the individual in reaching their outcome/goal.
- Documentation to support a change in service request is unique to the individual the request is made for.
- A summary of the relevant information to demonstrate the need such as history, trends, frequency (one-time occurrence, ongoing, etc.), changes in life (i.e. death of a family member), current medical and/or behavioral supports, behavior plan, etc. should be included in the service request

# ***Service Request – “Emergency”***

- An emergency request is a service change that is needed immediately due to health and safety concerns.
- This request is made by immediately contacting the DDA regional office.
- The DDA regional office will work with the resource coordinator related to the request and provide a verbal approval if necessary. The request form must still be completed and submitted to DDA.
- The DDA staff member that authorized the service(s) via a verbal request should be noted in the request.
- All other requests are consider as “standard” requests regardless of the projected length of service.



# Service Request

- ▶ Service request may be short-term, long-term, or time-limited.  
*For example, a short-term or time-limited service change may be needed while a primary caregiver is unable to provide supports for a time-limited period (i.e. due to minor surgery, broken leg, etc.).*
- ▶ The projected length of service need is noted on the request form and includes check off options and an “other” category as noted below:

Projected length of service need:

☐ (    ) week(s)   ☐ 1 month   ☐ 3 month   ☐ 6 month   ☐ Ongoing  
☐ Other:\_\_\_\_\_

# *Service Request*

- ▶ The projected “start date” is noted on the request form under the projected length of service as noted below. However, at times, a projected start date may not be known and/or an estimated date can be provided.

Projected Start Date: \_\_\_\_\_

- ▶ NOTE: Services, regardless of length of time, may be reassessed at any time and are reviewed at the annual IP meeting.

# *Resource Exploration*

- ▶ There are various resources, services, and strategies that may be accessed to support a need. They include:
  - ✓ Natural supports;
  - ✓ Local, generic, community programs, services, and resources;
  - ✓ Disability programs and services (i.e. Public Housing Authorities; Employment Centers; In-Home Aide Services; Rare and Expensive Case Management; Other Waiver Programs; etc.);
  - ✓ Medicaid State Plan Services and/or private insurance; and
  - ✓ Maryland State Departments or Administrations (i.e. DHMH, DDA, Mental Hygiene Administration (MHA), Department of Human Resources (DHR), Department of Housing and Community Development (DHCD), Division of Rehabilitative Services (DORS), etc.).

# ***Resource Exploration***

- ▶ When submitting a request for change in services, information concerning:
  - ✓ the exploration of various resources,
  - ✓ strategies,
  - ✓ interventions, and
  - ✓ more integrated supports and
  - ✓ results of any referrals need to be documented on the form.
  
- ▶ Various options and strategies including current living arrangements, availability of unpaid supports, and behavioral or medical intervention should also be considered and explored.

# ***Resource Exploration***

- Some programs are “payers of last resort” meaning other programs and resources must be accessed prior to utilizing any services or resources under them.

For example:

- ✓ Medicare services must be accessed prior to Medicaid State Plan services.
- ✓ Medicaid State Plan services must be accessed prior to Medicaid waiver services.
- ✓ Vocational Rehabilitation Services must be accessed before employment services are used in the Medicaid waiver programs.

# *Resource Exploration*

- If a service is covered under one program, another program can not duplicate the service.
- No services can be provided to an individual enrolled in one of the waiver programs if the service is available to them under a program funded through:
  - ✓ Section 110 of the Rehabilitation Act of 1973 or section 602(16) and
  - ✓ Section (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17))

(Reference waiver application – C-1/C-3: Service Specification – Service Definition).

# ***Resource Exploration***

- At times, an individual and/or a family member may refuse to apply for generic and community services.
- All resources and options need to be considered and explored.
- Given the team process, individuals and families do not get a veto right.
- Refer to team consensus for additional information.

# *Health and Safety (if applicable)*

- ▶ A change or changes in an individual's health and safety status can result in a request for a service change.
- ▶ A clear description of the change(s) needs to be described in addition to relevant details related to:
  - ✓ data,
  - ✓ trends,
  - ✓ assessment,
  - ✓ incidents,
  - ✓ etc. as applicable.



# Team Consensus

- ▶ Team members' positions and relevant information should be noted in the team meeting minutes.
- Reminder: As an independent third party advocate or agent for the person, resource coordinators do not have the authority to approve a plan or restrict services. They can:
  - ✓ Submit their assessment of the individual's request with other supporting documentation
  - ✓ Agree or disagree with service changes.
- ▶ Team consensus is noted on the form by answering the following:

*Does the team have consensus related to this request? ☐ Yes ☐ No*

*If "No" has a request for mediation been submitted to the RO?*

*☐ Yes inset date (     ) ☐ No*

# ***Supporting Documentation***

- Identified documentation supports information noted on the form such as data, trends, health changes, assessments, etc.).
- Some of the documents noted may not apply, therefore, the person completing the form should only check the appropriate boxes.
- The individual or the team may have other documents, not listed below, they wish to submit as part of the consideration.
- The DDA may request specific documents noted below or other items before they are able to make a decision.

# ***Supporting Documentation Examples***

- ☐ Team Meeting Notes
- ☐ IP Service Sheet
- ☐ Physician Orders
- ☐ Medical Assessment/Evaluation
- ☐ Hospital discharge summary
- ☐ Summary of Nursing 45 day review
- ☐ Nursing Assessment
- ☐ Social Services Report (i.e. APS)
- ☐ Risk Assessment
- ☐ DDA/OHCQ report
- ☐ Evidence of charges against caregiver
- ☐ Police report
- ☐ Behavioral Data - summarized
- ☐ Sleep Chart
- ☐ DORS Report
- ☐ Acceptance/Denial Letters
- ☐ Eviction notice
- ☐ Resource Coordinator assessment
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

# *Individual Choice*

- The planning process must support the voice of the person even if there is an objection from the family or others.
- The request must reflect the individual's choice and preference based on information regarding viable services and support, options, and opportunities.
- It is important to document position, concerns, and oppositions.

# Individual Choice

- Documented on the form with a check box as noted below followed by the individual's signature and signatures from the resource coordinator and legal guardian if applicable.

**Individual Choice:** At times team members and family members may ask for a more or less restrictive setting or other services than what the individual may want. Does this information and request reflect the **individual's choice** and preference based on information regarding viable services and supports. ☐ YES ☐ NO - if no please explain below:

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**Note:** If the request is not supported by the individual, an explanation will need to be documented.

# Processing and Decision Time Lines

## *Request Submission*

- ▶ If the individual has a resource coordinator, they must submit the request on behalf of the individual they support.
- ▶ Individuals without a resource coordinator may submit the request themselves or seek assistance from a family member or other advocate.
- ▶ Remember: Service request are categorized as either “*standard*” or “*emergency*”.

# What is an Emergency?

Thoughts?

# What is an Emergency?

- Person is in crisis now (today) or within next 90 days

## Examples:

- ✓ Homeless
- ✓ Encountering life threatening physical harm (abuse, neglect)
- ✓ Engaging in life threatening behaviors (sets fires, assaults others, self injurious behaviors, etc.)
- ✓ Health or safety crisis



# Emergency Request

- Made by telephoning to the DDA Regional Office.

*Emergency request are not voice message or email.*

- It is a *direct conversation with a DDA staff person* where a temporary resolution is developed.
- Temporary solutions may include accessing respite services to ensure health and safety while other options and plans are being developed.

# Emergency Request

- ▶ An urgent request such as when a primary caregiver is required to have surgery within ten (10) days would be considered an emergency. (It is within 90 days)
- ▶ Note: An IP meeting will still need to be held and the DDA “Request for Service Change” form and all supporting documentation must then be submitted to the DDA Regional Office within five (5) business days (for the emergency service change request) or otherwise agreed by the Regional Office.

# Standard Requests

- Standard Requests are submitted utilizing the DDA “Request for Service Change” form
- All applicable supporting documentation must be submitted with the form
- The form is sent to the appropriate DDA Regional Office
- It is required within twenty (20) business days or sooner of the team meeting. *At times, the timeline can be extended by the Regional Office particularly if a specialized assessment needs to be conducted.*

# ***DDA Review and Determination***

- Every “Request for Service Change” is considered by the DDA regional office and a final determination is made in writing.
- After consideration of information submitted, allowable services, and funding source, DDA makes a determination which is documented in writing using standardized templates included in the attachments.

# ***DDA Review and Determination***

- Determinations include:
  - ✓ Approval of the request,
  - ✓ Denial of the request,
  - ✓ Additional information is needed, or
  - ✓ A combination of these determinations based on the number of requests submitted.
  
- All denial notification letters include appeal rights (see additional information related to appeal rights noted below).
  
- Service implementation shall begin within a reasonable period of time.

# ***DDA Review – Emergency Request***

- **Emergency Requests** are immediately considered by the DDA regional office.
- The decision is documented and communicated verbally with the resource coordinator or person making the request.
- *Temporary respite or other support services may be authorized to address the emergency and provide time for appropriate short-term or long-term planning as applicable.*

# ***DDA Review – Emergency Request***

- Remember: The temporary authorized service must be documented on the DDA service change form and submitted to the RO within five (5) business days of the emergency request or otherwise agreed by the Regional Office.
- The subsequent team meeting may result in a new request for service change, an extension of the temporary service request, or no addition services needed which is processed as a “*standard request*” as outlined below.

# ***DDA Review – Standard Request***

**Standard Requests** are reviewed and determined by DDA RO within forty-five (45) business days or sooner.



# ***Recommended for Approval***

- ▶ Individuals demonstrating a need for a waiver service are approved if there are no equally effective and less costly alternatives.
- ▶ Individuals demonstrating a need for State only funding service are approved if there are no equally effective and less costly alternatives and State funding available.

# ***Recommended for Denial***

A denial can be made for the following:

- ✓ No assessed need;
- ✓ Service would not result in or support the outcome;
- ✓ Service would not resolve need;
- ✓ Service is not covered in the waiver;
- ✓ Services provided under other programs (i.e. Vocational Rehabilitation, School System, EPSDT, etc.); or
- ✓ There are not State funds available (for State funded individuals only and does not apply to waiver participants).

# ***Recommended for Denial***

- ▶ The reason or reasons for a denial are included in the decision letter.
- ▶ All denials receive appeal rights.
- ▶ Note: Waiver participant's demonstrating a need for a *waiver service* are approved if there are no equally effective and less costly alternatives regardless of the availability of funding.

# ***Additional Information Requested***

- During the review, additional information or documentation may be needed in order to make a decision.
- Delays in receipt of the information will delay the determination therefore any additional information requested must be submitted to DDA within five (5) business days unless otherwise agreed to.
- At times, a specific assessment or report may take longer to acquire and should be communicated with DDA.

# Appeal Rights

- Any person aggrieved by a final decision by DDA has the right to appeal.
- The appeal process and rights defer slightly based on the program (i.e. State-only funded program versus Medicaid Waiver program).
- DDA has established appeal processes for both programs as noted below.

# Medicaid Waiver Appeal Rights

Waiver participants and their representative have the right to appeal any decision and may request:

- ✓ A Medicaid Fair Hearing before the Office of Administrative Hearings within ninety (90) days of the date of this notice in accordance with the Code of Maryland Regulations 10.01.04 OR
- ✓ An informal hearing before the Secretary of the Department of Health and Mental Hygiene in accordance with the Code of Maryland Regulations (COMAR) 10.22.16 within 45 days of the date of this letter OR
- ✓ Both a Medicaid Fair Hearing and an informal hearing.

# Medicaid Waiver Appeal Rights

- ▶ If the appeal relates to a Medicaid waiver service the individual is currently receiving, they must appeal the adverse action within ten (10) days of the date of the notice to stay the action and maintain their benefit until a decision is rendered.

# State-Only Funded Program Appeal Rights

- State Funded individuals and their representatives have the right to appeal any decision **within 45 days of the date of the decision letter.**
- In accordance with Code of Maryland Regulations 10.22.16, they may request:
  - ✓ A formal hearing before an Administrative Law Judge OR
  - ✓ An informal hearing before a designee of the Secretary of the Department of Health and Mental Hygiene OR
  - ✓ Both formal and informal hearings.



# Hearings

- **Informal Hearing**

Available to both Medical Waiver and State Programs participants

- **Medicaid Fair Hearing**

Available to Medical Waiver Programs Participants only

- **Formal Hearing**

Available to State Only Programs Participants

# Informal Hearing Descriptions

- *Available to both Medical Waiver and State Programs participants*
- Conducted before a DDA staff member who is designated by the Secretary of Health and Mental Hygiene to hear appeals.
- Unless agreed upon by all parties, the DDA will schedule an informal hearing between 10 days and 30 days after an appeal is requested.
- Reasonable advance notice in writing to the appellant of the issue or issues to be decided, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney, and the right to request and present witnesses and documentary evidence will be given.

# Informal Hearing Descriptions

- Opportunity to explain to DDA staff why they believe a decision was incorrect.
- If the individual and/or their representative are not satisfied with the outcome of an informal hearing, they may appeal it to the formal Medicaid Fair Hearing level.
- The individual and/or their representative may also decide to waive their right to an informal hearing and proceed directly to a formal Medicaid Fair Hearing.
- Informal Hearing requests must be made in writing **within 45 days of the postmark on your decision letter.** The hearing procedures can be found at Code of Maryland Regulations (COMAR) 10.22.16.

# Medicaid Fair Hearing Descriptions

- Available to *Medical Waiver Programs Participants only*
- Request must be made in writing within **90 days of the postmark** on the decision letter.
- If the individual and/or their representative wish, someone may assist them in filing the appeal.
- The individual and/or their representative will be expected to be present. If for a compelling reason they cannot be present, the individual and/or their representative must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in their place.

# Medicaid Fair Hearing Descriptions

- The individual may represent themselves, or if they wish, they may be represented by legal counsel or by a relative, friend or other person.
- It is not necessary, however, that someone represent them.
- The individual may bring any witnesses or documents they desire to help establish pertinent facts and to explain their circumstances.
- A reasonable number of persons from the general public may be admitted to the hearing if desired.

# Medicaid Fair Hearing Descriptions

- Prior to the hearing, the individual and/or their representative may review the documents and records that the Department will use at the time of the hearing and they can ask for the names of the witnesses the Department intends to call.
- During the time before the hearing, if the individual and/or their representative have new or additional information they wish the Department to know about, they may request a reconsideration of their case by calling their resource coordinator.
- Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

# Medicaid Fair Hearing Descriptions

- All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and COMAR 28.02.01 and in federal regulations 42 C.F.R. § 431.200.
- If the individual does not appeal this decision within 90 days from the postmark on the notice, the decision of the Department will become final as of the date of the notice.

# Formal Hearing Descriptions

- Available to State Only Programs Participants
- Right to appeal the decision and have their case heard at a **Formal Hearing**.
- The request must be made in writing **within 45 days of the postmark** on the decision letter.
- If the individual and/or their representative wish, someone may assist in filing the appeal.



# Formal Hearing Descriptions

- The hearing will be scheduled at a time and place that are convenient for the individual and/or their representative.
- The individual will be expected to be present.
- If for any reason the individual cannot be present, they must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in their place.
- The individual may represent them self, or if they wish, they may be represented by legal counsel or by a relative, friend or other person.

# Formal Hearing Descriptions

- It is not necessary, however, that someone represent them.
- The individual may bring any witnesses or documents they desire to help them establish pertinent facts and to explain their circumstances.
- A reasonable number of persons from the general public may be admitted to the hearing if desired.

# Request for Service Change Form

## DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) REQUEST FOR SERVICE CHANGE

Request: ☐ Emergency  
☐ Standard

Date of Request: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS#: \_\_\_\_\_ MA#: \_\_\_\_\_

Is the individual in a DDA Waiver: ☐ YES ☐ NO

If "YES", check appropriate waiver ☐ Community Pathways ☐ New Directions

# Request for Service Change Form

Resource Coordinator Name and Phone: \_\_\_\_\_

Is the Individual Plan Service Summary Attached ☐ YES ☐ NO \_\_\_\_\_

Is the service requested a waiver service? ☐ YES ☐ NO

**Outcome Desired** - Please note the desired outcome(s) below.

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**Service Request** - Please describe what service change is needed to achieve the desired outcome (add pages as needed):

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# Request for Service Change Form

**Resource Exploration** - What other resources/services/strategies have been explored (i.e. health insurance, generic services, etc.) and the results of any referrals (add pages as necessary):

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**Health and Safety** - Please describe the individual's health and safety status and attach supporting documentation if applicable:

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# Request for Service Change Form

## Team Consensus

Does the team have consensus related to this request? ☐ YES ☐ NO

If “No” has a request for mediation been submitted to the RO? ☐ Yes inset date ( ) ☐ No

## Documentation Provided – Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Team Meeting Notes                | <input type="checkbox"/> Evidence of charges against caregiver |
| <input type="checkbox"/> IP Service Sheet                  | <input type="checkbox"/> Police report                         |
| <input type="checkbox"/> Physician Orders                  | <input type="checkbox"/> Behavioral Data - summarized          |
| <input type="checkbox"/> Medical Assessment/Evaluation     | <input type="checkbox"/> Sleep Chart                           |
| <input type="checkbox"/> Hospital discharge summary        | <input type="checkbox"/> DORS Report                           |
| <input type="checkbox"/> Summary of Nursing 45 day review  | <input type="checkbox"/> Acceptance/Denial Letters             |
| <input type="checkbox"/> Nursing Assessment                | <input type="checkbox"/> Eviction notice                       |
| <input type="checkbox"/> Social Services Report (i.e. APS) | <input type="checkbox"/> Resource Coordinator assessment       |
| <input type="checkbox"/> Risk Assessment                   | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> DDA/OHCQ report                   | <input type="checkbox"/> Other: _____                          |
|  | <input type="checkbox"/> Other: _____                          |

# Request for Service Change Form

**Projected length of service need:**

☐ (    ) week(s)   ☐ 1 month   ☐ 3 month   ☐ 6 month   ☐ Ongoing   ☐ Other:\_\_\_\_\_

**Projected Start Date:** \_\_\_\_\_

**Individual Choice:** At times team members and family members may ask for a more or less restrictive setting or other services than what the individual may want. Does this information and request reflect the **individual's choice** and preference based on information regarding viable services and supports.   ☐ YES        ☐ NO - if no please explain below:

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# Request for Service Change Form

## Signatures:

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Resource Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective: 6/2/10



# Request for Service Change Form

## REQUEST FOR SERVICE CHANGE - DDA Use Only

Received Date: \_\_\_\_\_

Emergency Request ☐ YES ☐ NO

Review Date: \_\_\_\_\_

Verbal Approval Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Authorized By: \_\_\_\_\_

DDA Staff Member

DDA Staff Member

# Request for Service Change Form

## Determination

☐ Approved as submitted

☐ Multiple Services Request

Approved Service(s): \_\_\_\_\_

Denied Service(s): \_\_\_\_\_

Explanation: \_\_\_\_\_

☐ Denied

Explanation: \_\_\_\_\_

☐ Additional information or documentation required to make determination noted below:

Information/Documentation needed: \_\_\_\_\_

\_\_\_\_\_  
DDA Regional Office Director Signature

\_\_\_\_\_  
Date

# Decision Letters (as applicable)

Waiver Participant Letter Reference	Date Mailed	State Only Funded Participants Letter Reference	Date Mailed
Approval for Request for Service Change Under Waiver		Approval of Request for Service Change under State-only Funding	
Approval and Denial of Request for Service Change under Waiver		Approval and Denial of Request for Service Change under State-only Funding	
Denial of Request for Service Change under the Waiver		Denial of Request for Service Change under State-only Funding	
Request for Additional Information		Request for Additional Information	

# Letter Templates

- Approval for Request for Service Change Under Waiver (Attach B)
- Approval of Request for Service Change under State-only Funding (Attach C)
- Approval and Denial of Request for Service Change under Waiver (Attach D)
  - ✓ Medicaid Waiver HEARING REQUEST FORM
  - ✓ Medicaid Waiver “You Have the Right to Appeal”
- Approval and Denial of Request for Service Change under State-only Funding (Attach E)
  - ✓ State Only Funding HEARING REQUEST FORM
  - ✓ State Only Funding “You Have the Right to Appeal”

# Letter Templates

- Denial of Request for Service Change under the Waiver (Attach F)
  - ✓ Medicaid Waiver HEARING REQUEST FORM
  - ✓ Medicaid Waiver “You Have the Right to Appeal”
- Denial of Request for Service Change under State-only Funding (Attach G)
  - ✓ State Only Funding HEARING REQUEST FORM
  - ✓ State Only Funding “You Have the Right to Appeal”
- Referral to Resource Coordinator/Request for Change to Service (Attach H)

**Small Groups (Expectations)**

**Resource Coordinators**

**Regional Office**

# Resource Coordination Expectations

- Be the “Agent of the Person”
- Advocate for Need
- Contact RO immediately for Emergencies
- Educate
- Ensure Rights and Voice of Person  
(There will be some conflicts with parents or providers)
- Explore most integrated and least restrictive
- Be creative
- Identify all generic and resources
- Seek community resources as you would do for yourself
- Keep abreast of resources, supports, programs, etc.
- Partner and coordinate with other entities
- Assist with service implementation once approved
- No gate keeping

# Regional Office Expectations

- Be the “Agent of the State”
- Comply with State and Federal regulations and requirements
- Responsive
- Clarify
- Decisions in Writing
- Appeal Rights for all Denials
- Tracking and Monitoring (SFP)



# Prioritize Work

- People in Crisis (Emergencies)
- Waiver Participants
- State Only Funded Participant

# Critical Need List Form

- No longer applicable for anyone already in services (waiver or State only funded)

# Questions